



Homeowner Survey: Onsite Septic System

UNIVERSITY OF MINNESOTA

EXTENSION

<http://septic.umn.edu>

These questions help septic system professionals determine the best level of care for your septic system. The questions can also help trouble-shoot problems, address needed upgrades or changes, or other issues.

Name _____ Phone Number _____

Address _____

County/Township _____ Permit No. _____

Information about the home and residents:

- The house/cabin is used _____ full time, year-round _____ seasonal or part-time
- Number of people living in the home: _____ adults _____ children age 0 – 11 _____ children age 12 & up
- current number of bedrooms _____ number of bedrooms in original design _____
number of bathrooms: _____ full _____ three-fourths _____ half
- Do you have an in-home business? _____ If yes – what is it? _____

Information about the Septic System: *italicized answers best protect your system.*

- Number of septic tanks or chambers in tanks: _____ capacity of tanks in gallons _____ unknown.
- Date of last pumping or evaluation: _____ How many tanks pumped _____ unknown.
- Are there risers on the septic tank manholes? _____ yes _____ no _____ unknown
- Are the risers insulated for freezing protection, and well secured for safety? _____ yes _____ no _____ unknown
- Is there an effluent screen on the outlet baffle of the tank? _____ yes _____ no _____ unknown
- If an effluent screen is present, do you maintain it? _____ the pumper checks it _____ yes _____ unknown
- Do you know how old your septic system is? _____ no _____ yes, installed in _____
- Are you aware of any problems or repairs? _____ Describe: _____

- Has the system ever frozen? _____ Yes, specify where _____ no _____ unknown
- Do you use septic tank or system additives? _____ no _____ yes, we have added _____
- Have you noticed any odors? _____ Where? _____
- We have: _____ in-ground soil treatment area _____ above ground _____ other _____
- We mow the grass over the drainfield regularly _____ yes _____ no
- We keep all vehicles, snowmobiles, dirt bikes, 4-wheelers, other items off our drain field area _____ yes _____ no
- Pumps: _____ yes, our system has pumps _____ no _____ unknown Gallons/dose _____ Doses/day _____
- Alarms: _____ alarms are present for pumps and/or effluent screen. _____ Alarms do not work
_____ unknown _____ we do not have any alarms.
- Well: _____ yes _____ no Well casing depth _____ feet Distance from drainfield _____ feet
- Is this your first home with a septic system? _____

Are you familiar with the “dos and don’ts” of a septic system? _____

Do you have a copy of the *Septic System Owner’s Guide* from the University of Minnesota? _____



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Household product and use information: *italicized answers best protect your system.*

23. **Garbage Disposal:** (*circle*) _____no _____yes, and use it ___often ___rarely _____never
24. **Dishwasher:** _____no _____yes _____loads per week
 we use _____gel or _____ powdered detergents. _____ we read labels for phosphorus content.
 Does it discharges to the septic system? _____yes _____no
25. **Clothes Washer:** _____no _____yes, and wash _____ loads/week. ___We wash more than 1 load/day.
 We have: _____an older agitator top loading washer _____suds-saver washer _____front loading washer
 We use ___ liquid or ___ powdered laundry detergents. Lint screen on the washer? ___Yes ___no
 Amount of laundry bleach used in one week:_____ Type? _____
 Does it discharge to the septic system? _yes ___no
26. **Water Softener** _____no _____yes, and it discharges to the septic system ___yes ___no
27. **Other water treatment filter:** what:_____ it discharges to the septic system ___yes ___no
28. **Whirlpool bathtub:** _____no _____yes, and it discharges to the septic system ___yes ___no
29. **Sump Pump?** _____no _____yes, and it discharges to the septic system ___yes ___no
30. **Floor, roof or other drains?** _____no _____yes, and it discharges to the septic system ___yes ___no
31. **Skin care products:** bath and shaving oils, creams, moisturizers: ___yes, we use these. Times/week:_____
32. **Anti-bacterial soaps, cleansers:** _____yes, we use these _____no, we do not use anti-bacterials.
33. **Cleaning products:** indicate those used:___ Every-flush toilet cleaners
 _____after-shower door cleansers _____drain cleaners _____bleach-based kitchen and bathroom cleansers
 List other commonly used cleaning products:_____
34. **Toilet Paper:** number of rolls used per week _____
35. **Prescription Drugs used long-term:** ___no ___yes,
 _____type of medicine
 _____type of medicine
36. We dispose of un-needed prescription drugs by_____
37. Please attach system sketch if available. Include: footing drains, surface drainage and system replacement area
- What questions do you have?